



YOUTH SERVICES
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

STATE OF MONTANA

[Insert RAOs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RAOs email address]

[Insert RAOs Name]

ORDER REQUEST LETTER

[DATE]

[YOUTH COURT] or Appropriate County Attorney
[ADDRESS]
[CITY/STATE/ZIP]

RE: [YOUTH]

Dear [Judge's name]:

I respectfully submit the enclosed Motion and proposed Order for Cost-of-Care Contribution for your review and determination. Pursuant to Section 41-5-1525, MCA, and Order of Disposition No. [DJ NUMBER], I have obtained and reviewed the Financial Affidavit for Cost-of-Care Contributions for the parent(s) of the above-noted youth.

If you agree with my evaluation, please sign and file the Motion with the clerk, and leave with the clerk the proposed Order for Cost-of-Care Contribution. Please send me a copy of the signed order so that I may begin collecting the cost-of-care contribution.

If you have any questions, please contact me. [xxx-xxxx].

Sincerely,

[NAME]
Regional Administrative Officer